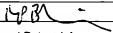


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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		Application Number	10/731322	
		Filing Date	December 5, 2003	
		First Named Inventor	Subhash CHOPRA	
		Art Unit	2163	
		Examiner Name	Helene Roberta Rose	
		Attorney Docket Number	9637-000077/US	
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith.				
OR				
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <div style="border: 1px solid black; width: 150px; height: 30px; float: right; text-align: center;">27572</div>				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:				
<input checked="" type="checkbox"/> The address associated with Customer Number <div style="border: 1px solid black; width: 150px; height: 30px; float: right; text-align: center;">27572</div>				
OR				
<input type="checkbox"/> Firm or Individual Name		Harness, Dickey & Pierce, PLC		
Address		P.O. Box 828		
City	Bloomfield Hills	State	MI	Zip 48303
Country	USA			
Telephone	248-641-1600	Email		
I am the:				
<input checked="" type="checkbox"/> Applicant/Inventor.				
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.				
<input checked="" type="checkbox"/> <del>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</del>				
SIGNATURE of Applicant or Assignee of Record				
Signature				
Name	Richard Balestrini			
Date	6/1/06		Telephone 520 840 9000	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/> Total of 2 forms are submitted.				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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27572

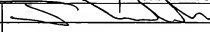
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Address	P.O. Box 828		
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SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jon Guy Kendall		
Date	6/11/6	Telephone	0208 4019000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 2 forms are submitted.

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